1342232

FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires:
Estimated average burden
hours per response.....16.00

| SEC USE ONLY |          |  |  |  |  |  |  |  |
|--------------|----------|--|--|--|--|--|--|--|
| Prefix       | Serial   |  |  |  |  |  |  |  |
|              |          |  |  |  |  |  |  |  |
| DATE         | RECEIVED |  |  |  |  |  |  |  |
| 1            | 1        |  |  |  |  |  |  |  |

| Name of Offering ( check if this is an amendment and name has changed, and indicate change.)   |  |
|--|--|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment  | ULOE A   |
| A. BASIC IDENTIFICATION DATA   |  |
| 1. Enter the information requested about the issuer  | 07077750   |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Jones Media Group, Ltd.  |  |
| Address of Executive Offices (Number and Street, City, State, Zip Code) 9697 E. Mineral Avenue, Centennial, Colorado 80112   | Telephone Number (Including Area Code)<br>303-792-3111 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) N/A  | Telephone Number (Including Area Code)                 |
| Brief Description of Business  |  |
| Provide radio programming and services to radio stations, and radio advertising sales service  Type of Business Organization   | FROCESSED  |
| business trust   limited partnership, to be formed   | ease specify): SEP 2 0 2007                            |
| Month Year  Actual or Estimated Date of Incorporation or Organization: 112 04 Actual Estima  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction) | `M   |

### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

|  | B. INFORMATION ABOUT OFFERING   |            |                           |            |             |   |   |   |          |              |                |          |             |
|--|---|------------|---------------------------|------------|-------------|---|---|---|----------|--------------|----------------|----------|-------------|
| 1 1  | 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  |            |                           |            |             |   |   |   |          |              |                | Yes      | No<br>💌     |
| 1. 1   | Answer also in Appendix, Column 2, if filing under ULOE.  |            |                           |            |             |   |   |   |          | •••••••••••• | Ľ              |          |             |
| 2. \   |   |            |                           |            |             |   |   |   |          |              |                | s_15     | ,000.00     |
|  |   |            |                           |            |             |   |   |   |          |              |                | Yes      | No          |
|  | 2. 2  |            |                           |            |             |   |   |   |          |              |                | ×        |             |
| I<br>C<br>a  | commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. |            |                           |            |             |   |   |   |          |              |                |          |             |
| Full 1   | Name (I   | Last name  | first, if ind             | ividual)   |             |   |   |   |          |              |                |          |             |
| Busin  | ness or l   | Residence  | Address (N                | lumber and | d Street, C | ity, State, Z                           | (ip Code)                               |   |          |              |                | •        |             |
|  |   |            | Suite 210,                |            | 92612-14    | 164                                     |   |   |          | ··-          |                |          | <del></del> |
|  |   |            | oker or De<br>Corporation |            |             |   |   |   |          |              |                |          |             |
|  |   |            |                           |            | or Intends  | to Solicit                              | Purchasers                              |   | ·        |              |                |          |             |
|  |   |            |                           |            |             | ••••••                                  |   |   |          |              |                | Z A      | ll States   |
| Г  | ΛL  | ĀΚ         | ΛZ                        | AR         | CA          | CO                                      | (CT)                                    | DE                                      | [DC]     | [FL]         | GA             | HI       | מו          |
| _  | TL)   | IN         | TA                        | KS         | KY          | LA                                      | (ME)                                    | MD                                      | MA       | MI           | MN             | MS       | MO          |
| -  | MT  | NE         | NV                        | NH         | NJ          | NM                                      | NY                                      | NC                                      | ND       | ОН           | OK             | OR       | PA          |
| [  | RI  | SC         | SD                        | TN         | TX          | UT                                      | VT                                      | VA                                      | WA       | WV           | WI             | WY       | PR          |
| Full N   | Name (I   | ast name   | first, if ind             | ividual)   |             |   |   |   |          |              |                |          |             |
|  |   |            | Address (1<br>, #215, Tai |            |             | City, State, 2                          | Zip Code)                               |   |          |              |                |          |             |
|  |   |            | oker or De                | aler       |             |   |   |   |          |              |                |          |             |
|  |   | sociates,  |                           |            |             |   |   |   |          |              |                |          |             |
|  |   |            |                           |            |             | to Solicit                              |   |   |          |              |                | ו אולים  | ll States   |
| (  | Check   | All States | ortheck                   | individuai | States)     | *************************************** | *************************************** | *************************************** |          |              | ************** | Ø] A     | 1 States    |
| _  | AL  | AK         | AZ                        | AR         | CA          | CO                                      | CT                                      | DE                                      | DC       | FL           | GA             | HI       | ID          |
|  | IL<br>MT  | IN<br>NE   | IA<br>NV                  | KS<br>NH   | KY<br>NJ    | LA<br>NM                                | ME<br>NY                                | MD<br>NC                                | MA<br>ND | MI<br>OH     | MN<br>OK       | MS<br>OR | MO<br>PA    |
| _  | RI  | SC         | SD                        | TN         | TX          | UT                                      | VT                                      | VA                                      | WA       | WV           | WI             | WY       | PR          |
| Full N   | Vame (I   | ast name   | first, if indi            | iviđual)   |             |   |   |   |          |              |                |          |             |
| Busin  | ess or  | Residence  | Address ()                | Jumher an  | d Street C  | ity State 3                             | 7in Code)                               |   |          |              |                |          |             |
|  | Business or Residence Address (Number and Street, City, State, Zip Code) 1700 Pennsylvania Av. NW, #700, Washington, DC 20006   |            |                           |            |             |   |   |   |          |              |                |          |             |
| Name of Associated Broker or Dealer  |   |            |                           |            |             |   |   |   |          |              |                |          |             |
| Ferris, Baker Watts, Inc. States in Which Person Listed Has Solicited or Intends to Solicit Purchasers |   |            |                           |            |             |   |   |   |          |              |                |          |             |
|  | (Check "All States" or check individual States)   |            |                           |            |             |   |   |   |          | 1 States     |                |          |             |
| Г  | AL]   | AK         | AZ                        | AR         | ĈA          | CO                                      | CT                                      | DE                                      | [DC]     | FL           | <u>GA</u>      | HI       | ID          |
|  | IL)   | IN)        | IA                        | KS         | KŸ          | LA                                      | ME                                      | MD                                      | MA       | MI           | MN             | MS       | MO          |
|  | MT  | NE         | ŇŸ                        | NH         | NJ          | NM                                      | NY                                      | NC                                      | ND       | ОН           | OK             | OR       | PA          |
|  | RI SC SD TN TX UT VT VA WA WV WI  |            |                           |            |             |   |   |   |          | WY           | PR             |          |             |

| B. INFORMATION ABOUT OFFERING   |  |                          |                            |             |             |                                       |              |              |                                 |   |               |                 |          |
|---|--|--------------------------|----------------------------|-------------|-------------|---------------------------------------|--------------|--------------|---------------------------------|---|---------------|-----------------|----------|
|   |  |                          |                            |             |             |                                       |              |              |                                 |   | •             | Yes             | No       |
| 1.  |  |                          |                            |             |             |                                       |              |              |                                 |   |               |                 |          |
| _   | Answer also in Appendix, Column 2, if filing under ULOE.   |                          |                            |             |             |                                       |              |              |                                 |   |               |                 | 00.00    |
| 2.  | 2. What is the minimum investment that will be accepted from any individual?   |                          |                            |             |             |                                       |              |              |                                 |   |               |                 | No       |
| 3.  | 3. Does the offering permit joint ownership of a single unit?  |                          |                            |             |             |                                       |              |              |                                 |   |               | Yes<br><b>®</b> |          |
| 4.  |  |                          |                            |             |             |                                       |              |              |                                 |   |               |                 |          |
|   | commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering.  If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state |                          |                            |             |             |                                       |              |              |                                 |   |               |                 |          |
|   | or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.                                      |                          |                            |             |             |                                       |              |              |                                 |   |               |                 |          |
| <u></u>   | a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  |                          |                            |             |             |                                       |              |              |                                 |   |               |                 |          |
| ıu  | ii ivanic (  | Last name                | 111.01, 11.111             |             |             |                                       |              |              |                                 |   |               |                 |          |
|   |  |                          | Address (1                 |             |             | ity, State. 2                         | (ip Code     |              |                                 |   | <del></del> - | •               |          |
|   |  |                          | ite 411, He<br>roker or De |             | 96817       |                                       |              |              |                                 |   | <del></del>   |                 |          |
|   |  | sociated Bi<br>waii Secu |                            | aici        |             |                                       |              |              |                                 |   |               |                 |          |
|   |  |                          | Listed Ha                  | s Solicited | or Intends  | to Solicit                            | Purchasers   |              |                                 |   |               |                 |          |
|   | (Check   | "All State:              | s" or check                | individua   | States)     |                                       |              |              | ******************************* |   |               | ☐ Ail           | l States |
|   | AL   | AK                       | ĀΖ                         | AR          | CA          | (CO)                                  | CT           | DE           | DC                              | FL                                      | [GA]          | <b>₩</b>        | רסו      |
|   |  | N<br>N                   | ĪA                         | KS          | (KY)        | LA                                    | ME           | MD           | MA                              | MI                                      | MN            | MS              | MO       |
|   | MT   | NE                       | $\overline{N}\overline{V}$ | NH          | NJ          | NM                                    | NY           | NC           | ND                              | OH                                      | <u>OK</u>     | OR              | PA       |
|   | RI   | SC                       | SD                         | TN          | TX          | UT                                    | VT           | VA           | WA                              | $\overline{WV}$                         | WI            | WY              | PR       |
| Fu  | ll Name (  | Last name                | first, if ind              | ividual)    |             |                                       |              |              |                                 |   |               |                 |          |
| Bu  | siness or  | Residence                | : Address (                | Number an   | d Street, C | lity, State,                          | Zip Code)    |              | <u> </u>                        |   |               |                 |          |
|   |  |                          | Floor, New                 |             | 10271       |                                       |              |              |                                 |   |               |                 |          |
|   | me of Ass<br>ational Se  |                          | roker or De                | aier        |             |                                       |              |              |                                 |   |               |                 |          |
|   |  | _                        | Listed Ha                  | s Solicited | or Intends  | to Solicit                            | Purchasers   | <del>-</del> |                                 |   |               |                 |          |
|   | (Check   | "All State:              | s" or check                | individual  | States)     |                                       |              |              |                                 | *************************************** | ••••••        | All States      |          |
|   | AL   | AK                       | ΑZ                         | AR          | CA          | CO                                    | CT           | DE           | DC                              | FL                                      | GA            | HI              | ID       |
|   | IL.  | ĪÑ                       | ĪĀ                         | KS          | KY          | LA                                    | ME           | MD           | MA                              | MÏ                                      | MN            | MS              | MO       |
|   | MT   | NE                       | NV                         | NH          | NJ          | ΝM                                    | NY           | NC           | ND                              | ОН                                      | OK            | OR              | PA       |
|   | RI   | SC                       | SD                         | ŤN          | TX          | UT)                                   | VT           | VA           | WA                              | WV                                      | WI            | WY              | PR       |
|   | II Namc (<br>zer, Bam  |                          | first, if ind              | ividual)    |             |                                       |              | <u> </u>     |                                 |   |               |                 |          |
| Bu  | sin <b>es</b> s or   | Residence                | Address (1                 |             |             | ity, State,                           | Zip Code)    |              |                                 |   |               |                 |          |
|   |  |                          | ard, Los An                |             | 90017       | ··· · · · · · · · · · · · · · · · · · |              |              |                                 |   |               |                 |          |
| Name of Associated Broker or Dealer   |  |                          |                            |             |             |                                       |              |              |                                 |   |               |                 |          |
| Wedbush Morgan Securities  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers |  |                          |                            |             |             |                                       |              |              |                                 |   |               |                 |          |
| (Check "All States" or check individual States)   |  |                          |                            |             |             |                                       |              |              | ☐ A                             | Il States                               |               |                 |          |
|   | M  | A.K                      | AZ                         | A/R         | <b>G</b> /A | <b>8</b> 0                            | QT           | <b>B</b> E   | DC                              | EAL                                     | G/A           | MI              | 10       |
|   | W.   | N.                       |                            | KS          | K <b>X</b>  | LA                                    | ME           | MD           | MA                              | MI                                      | MN            | M/S             | MO       |
|   | MT   | NE<br>SC                 | ØV<br>SØ                   |             | ₩]<br>ŒX    | NVI<br>TVI                            | [ <b>V</b> ] | NC<br>VA     | NO<br>WA                        | (A)AH<br>(W)√V                          | OX<br>VI      | GAR<br>WAY      | RA<br>RR |
|   | B/I  | 134C                     | 347                        | لتنب        |             | <u> </u>                              | (            | 4/1          | 1.201.11                        | لنتكنا                                  | لنتها         | لشقشا           |          |

|  | <del></del>  |                |                | В, І           | NFORMAT        | ION ABOU       | Ţ OFFERI                                | NG ·                                    |                |                |          | ,        |
|--|--|----------------|----------------|----------------|----------------|----------------|---|---|----------------|----------------|----------|----------|
|  |  |                |                | -              | ·              |                |   | ·                                       | <del></del>    |                | Yes      | No       |
| 1. Has the   | •  |                |                |                |                |                |   |   |                |                | ¥        |          |
|  | Answer also in Appendix, Column 2, if filing under ULOE.   |                |                |                |                |                |   |   |                |                |          | 00.00    |
| 2. What is   | 2. What is the minimum investment that will be accepted from any individual?   |                |                |                |                |                |   |   |                |                |          |          |
|  | Describe official account joint commands of a simple units   |                |                |                |                |                |   |   |                |                |          | No<br>□  |
|  |  |                |                |                |                |                |   |   |                |                |          |          |
| commis<br>If a pers<br>or state  | Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. |                |                |                |                |                |   |   |                |                |          |          |
|  | Full Name (Last name first, if individual)   |                |                |                |                |                |   |   |                |                |          |          |
| Runyan, Je   |  | 4 11 ()        |                | 1 611 6        | Sec. Deser 7   | 7:- C-4-)      |   |   |                |                |          |          |
| Business or<br>1000 Wilshi   |  |                |                |                | ity, State, 2  | Zip Code)      |   |   |                |                |          |          |
| Name of As   |  |                |                | 30017          |                |                |   |   |                |                |          | . —      |
| Wedbush N  |  |                |                |                |                |                |   |   |                |                |          |          |
| States in W  | hich Person  | Listed Ha      | s Solicited    | or Intend      | to Solicit     | Purchasers     |   |   |                |                | <u></u>  |          |
| (Check   | "All States  | or check       | individua      | l States)      | ••••••         |                | *************************************** |   |                | ••••••         | ☐ AI     | States   |
| A.L  | AX   | A/Z            | <b>A</b> /R    | [C/A]          | (ÇO)           | <b>O</b> T     | DÆ                                      | DC)                                     | EL             | <b>GA</b>      |          |          |
| AAL<br>II  |  | TA             | [KS]           | KZY            | [A]            | ME             | M/D                                     | [M/A]                                   | <u>M</u>       | MN.            | MS       | MO       |
| [M/T]  | NE   | NV.            | MH             | 180            | [MM]           | [747]          | NC                                      | ND                                      | (QH)           | QK.            | OR       | RA       |
| <b>T21</b>   | SC   | SØ             | TN             | TX             | <b>UT</b>      | <u>vr</u>      | <b>V</b> A                              | WA                                      | <u>\\</u>      | WI             | WY       | RAR      |
| Full Name ( Business of 3025 S. Pa   | Residence  | Address (      | Number an      |                | City, State,   | Zip Code)      |   |   |                |                |          |          |
| Name of As   |  |                | aler           |                |                |                |   |   |                |                |          |          |
| Harrison D   |  |                |                |                |                |                |   | _                                       |                |                |          |          |
| States in Wi   |  |                |                |                |                |                |   |   |                |                |          |          |
| (Check   | "All States  | " or check     | individual     | States)        | ••••••         |                | ·*-•······                              | ••••                                    |                | •••••          | □ AI     | l States |
| AL   | AK   | AZ             | AR             | GA             | <b>©</b> O     | CT             | DE                                      | DC                                      | <b>F/C</b>     | G/A            | HI       | ID       |
| IL.  | 134  | ĪΑ             | KS             | KY             | LA             | ME             | MD                                      | MA                                      | MI             | MAN            | MS       | MO       |
| N/T  | NE   | NW             | NH             | N)             | NM)            | NY             | NC<br>TA                                | ND                                      | Ω <b>A</b>     | QK)            | OR       | PA       |
| RI   | SC   | SD             | TN             | 7X             | IJŤ            | VT             | WA                                      | WA                                      | WV             | WI             | WY       | PR       |
| Full Name (  | Last name  | first, if indi | vidual)        |                |                |                |   |   |                |                | <u> </u> |          |
| Business or Residence Address (Number and Street, City, State, Zip Code)     |  |                |                |                |                |                |   | <del>-</del>                            |                |                |          |          |
| Name of Associated Broker or Dealer  |  |                |                |                |                |                |   |   |                |                |          |          |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers |  |                |                |                |                |                |   |   |                |                |          |          |
| (Check   | "All States  | " or check     | individual     | States)        | ••••••         |                |   | • |                | •••••••••      | ☐ A1     | l States |
| AL<br>IL<br>MT   | AK<br>IN<br>NE   | AZ<br>IA<br>NV | AR<br>KS<br>NH | CA<br>KY<br>NJ | CO<br>LA<br>NM | ME<br>ME<br>NY | DE<br>MD<br>NC                          | DC<br>MA<br>ND                          | FL<br>MI<br>OH | GA<br>MN<br>OK | MS<br>OR | MO<br>PA |
| RI   | SC   | SD             | TN             | TX             | UT             | VT             | VA                                      | WA                                      | WV             | WI             | WY       | PR       |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and   |  |                                      |
|----|--|--|--------------------------------------|
|    | already exchanged.  Type of Security   | Aggregate<br>Offering Price                  | Amount Already<br>Sold               |
|    | Debt\$   | 30,000,000.00                                | s 2,014,000.00                       |
|    | Equity   |  | s 0.00                               |
|    | Common Preferred   |  | 3                                    |
|    | Convertible Securities (including warrants)\$  | 0.00   | 0.00<br>\$                           |
|    | Partnership Interests \$   |  | \$ 0.00                              |
|    | •  |  | \$ 0.00                              |
|    | Other (Specify)\$  Total\$   | 30.000.000.00                                | ·                                    |
|    | Answer also in Appendix, Column 3, if filing under ULOE.   |  | 5_2,014,000.00                       |
|    | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."             | Number<br>Investors                          | Aggregate Dollar Amount of Purchases |
|    | Accredited Investors   | 14   | \$ 2,014,000.00                      |
|    | Non-accredited Investors   | <u> </u>                                     | s_0.00                               |
|    | Total (for filings under Rule 504 only)  |  | \$                                   |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.   |  |                                      |
|    | Tune of Official   | Type of                                      | Dollar Amount<br>Sold                |
|    | Type of Offering  Rule 5050  | Security                                     | \$ 0.00                              |
|    | Regulation A   |  | \$ 0.00                              |
|    | Rule 504   |  | s 0.00                               |
|    | - Kale 504   | <u>′                                    </u> | \$ 0.00                              |
| 1  | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |  | <u> </u>                             |
|    | Transfer Agent's Fees  |  | \$_0.00                              |
|    | Printing and Engraving Costs   |  | \$ 20,000.00                         |
|    | Legal Fees   |  | <b>\$</b> 100,000.00                 |
|    | Accounting Fees  |  | \$ 15,000.00                         |
|    | Engineering Fees   |  | \$_0.00                              |
|    | Sales Commissions (specify finders' fees separately)   | <del></del>                                  | \$ 2,700,000.00                      |
|    | Other Expenses (identify) Marketing Allowance, Due Diligence and Other   |  | § 615,000.00                         |
|    | Total  | <del></del>                                  | s 3,450,000.00                       |

|     | b. Enter the difference between the aggregate offe and total expenses furnished in response to Part C —   | - Question 4.a. This difference is the "adjusted  | gross                                    | 26,550,000.00      |  |  |
|-----|---|---|--|--------------------|--|--|
| 5.  | each of the purposes shown. If the amount for a check the box to the left of the estimate. The total c  | roceed to the issuer used or proposed to be use<br>ny purpose is not known, furnish an estimate<br>of the payments listed must equal the adjusted ; | ed for<br>e and                          | \$                 |  |  |
|     | proceeds to the issuer set forth in response to Par   | rt C — Question 4.6 above.  | Payments Officers, Directors, Affiliates | ,<br>& Payments to |  |  |
|     | Salaries and fees   |   | 🗀 \$                                     |                    |  |  |
|     | Purchase of real estate   |   |  | S                  |  |  |
|     | Purchase, rental or leasing and installation of ma and equipment  | S   |  |                    |  |  |
|     | Construction or leasing of plant buildings and fa-  | cilities  | S  | □ s                |  |  |
|     | Acquisition of other businesses (including the va<br>offering that may be used in exchange for the ass<br>issuer pursuant to a merger)                                  | sets or securities of another   | □\$                                      | <b>□\$</b>         |  |  |
|     | Repayment of indebtedness   | <b>—</b>  |  |                    |  |  |
|     | Working capital   |   |  |                    |  |  |
|     | Other (specify): Acquisitions of additional busin   | nesses in the media sector, business  |  | 00.00 \$           |  |  |
|     | expansion, advances to or investments in our s  | ubsidiaries, redemption of the preferred  |  |                    |  |  |
|     | stock of one of our subsidiaries or for general of  | \$  | D\$                                      |                    |  |  |
|     | Column Totals   |   |  |                    |  |  |
|     | Total Payments Listed (column totals added)   |   | <u>S</u> <u>\$_26,550,000.00</u>         |                    |  |  |
|     |   | D. FEDERAL SIGNATURE  |  |                    |  |  |
| sig | e issuer has duly caused this notice to be signed by the<br>nature constitutes an undertaking by the issuer to fu<br>information furnished by the issuer to any non-acc | rnish to the U.S. Securities and Exchange Co  | mmission, upon wi                        |                    |  |  |
| Iss | uer (Print or Type)   | Signature 20/1 h  | Date                                     |                    |  |  |
|     | nes Media Group, Ltd.   | MINST M. MIT  | September 1                              | 2, 2007            |  |  |
| Na  | ne of Signer (Print or Type)  | Title of Signer (Print or Type)   |  |                    |  |  |
| Ма  | k A. Lane   | Group Vice President  |  |                    |  |  |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS



- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)